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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

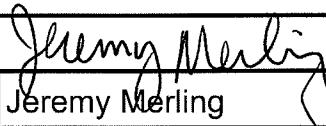
Total Number of Pages in This Submission

Application Number	10/517,085
Filing Date	01/13/2005
First Named Inventor	Paul Stuart Coley
Art Unit	1796
Examiner Name	Ogden Jr, Necholus
Attorney Docket Number	072819.0171

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Jeremy Merling		
Date	10/30/2008	Reg. No.	60,219

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 220

## Complete if Known

Application Number	10/517,085
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Art Unit	1796
Attorney Docket No.	072819.0171

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account Number  
02-4377  
Deposit Account Name  
Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		52	\$0
Independent Claims	1	220	\$220
Multiple Dependent			\$0
SUBTOTAL		\$220	

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

## FEE CALCULATION (continued)

### ADDITIONAL FEES

Surcharge - late oath or filing fee  
 Non-English Specification  
 Extension for reply within first month  
 Extension for reply within second month  
 Extension for reply within third month  
 Extension for reply within fourth month  
 Extension for reply within fifth month  
 Notice of Appeal  
 Filing a brief in support of an appeal  
 Petition to revive - unavoidable  
 Petition to revive - unintentional  
 Utility Issue Fee  
 Design Issue Fee  
 Publication Fee  
 Petitions to the Commissioner  
 Request for Continued Examination (RCE)  
 Information Disclosure Statement (IDS)

Other fee -

SUBTOTAL **(\$)** 0

(Complete if applicable)

Name (Print/Type)	Jeremy Merling	Registration No. (Attorney/Agent)	60,219	Telephone	212-408-2500
Signature	Jeremy Merling			Date	10/30/2008

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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